

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5659U9

FILING DATE

8 23 06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		0				
2		1					52		0				
3		1					53		0				
4		3					54		0				
5							55		0				
6							56		0				
7							57		0				
8							58		0				
9							59		0				
10							60		0				
11							61		0				
12							62		0				
13							63		0				
14							64		0				
15							65		0				
16							66		0				
17							67		0				
18							68		0				
19							69		0				
20							70		0				
21							71		0				
22							72		0				
23							73		0				
24							74		0				
25							75		0				
26							76		0				
27							77		0				
28							78		0				
29							79		0				
30							80		0				
31							81		0				
32							82		0				
33							83		0				
34							84		0				
35							85		0				
36							86		0				
37							87		0				
38							88		0				
39							89		0				
40							90		0				
41							91		0				
42							92		0				
43							93		0				
44							94		0				
45							95		0				
46							96		0				
47							97		0				
48							98		0				
49							99		0				
50							100		0				
TOTAL IND.							TOTAL IND.	2					
TOTAL DEP.							TOTAL DEP.	90					
TOTAL CLAIMS							TOTAL CLAIMS	92					